

Hardship Waiver Exception Request

Date: _____

Contact Name _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone Number: () _____ - _____

NPI: _____

EIN: _____

Provider Type/Specialty _____

Application Reference ID _____

Reason for Waiver Request:

This request must document the basis for the waiver request including a discussion of the impact on beneficiary access to care if the fee is imposed. Include any comments on the financial or legal records that might be needed to make a determination of hardship. Examples of sufficient documentation to support the request may include historical cost reports, recent financial reports, income statements, cash flow statement and/or tax returns.

